

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER (Or Replacement of Lost Card)

Information Furnished On This Form Is CONFIDENTIAL

570-60-9800
DO NOT WRITE IN THE ABOVE SPACE

Read Instructions on Back Before Filling in Form. Print in Dark Ink or Use Typewriter.

1 <u>Print</u> FULL NAME YOU USE IN WORK OR BUSINESS NIEMON		(First Name) (Middle Name or Initial — if none, draw line —)		(Last name) HIROOKA 620	
2 <u>Print</u> FULL NAME GIVEN YOU AT BIRTH NIEMON HIROOKA				3 DATE (Month) (Day) (Year) OF BIRTH JAN 15 1982	
4 PLACE OF BIRTH Iwakuni-shi, Yamaguchi-ken, Japan		(City) (County) (State)		5 AGE ON LAST BIRTHDAY 78	
8 MOTHER'S FULL NAME AT HER BIRTH ASA SUMI		9 FATHER'S FULL NAME (Regardless of whether living or dead) SARICHI HIROOKA		JAPANESE	
10 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES ☐ NO ☒ DON'T KNOW ☐		IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN CALIFORNIA		(State) (Date)	
10 PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT (Account Number)		11 ARE YOU NOW — EMPLOYED ☒ SELF-EMPLOYED ☐ UNEMPLOYED ☐			
12 MAILING ADDRESS 240 DAVIS LANE		(Number and Street) (City) PETHUMA		(Zone) (State) CALIFORNIA	
13 TODAY'S DATE OCTOBER 18 1960		14 <u>Write</u> YOUR NAME AS YOU USUALLY WRITE IT. (Do Not Print or Type—Use Dark Ink) NIEMON HIROOKA			